COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine



Phone: 207-287-4179 Fax: 207-287-6775



## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pre	eviously file	ed statement fo	or the calenda	r year 20	007.	
	LEGISLA	TOR INFORM	IATION			
Name Jeremy R Fisch	er				Member of:	□ Senate
Mailing address  16 Dupont Dr.  City, zip code						
Presque ble, 04769					Phone (207) S	51-3097
PART 1. INCOM	lit i jaliadejs		Andrew Control of the			
List the name and address of each employ principal type of economic activity of each er	ver from w nployer.	hom you rece	ived compens	sation of	\$1,000 or m	ore. Specify the
Name of Employer		Addre	SS		Principal Ty Activity	pe of Economic of Employer
State of Maine, Legislature	Otale	House St.	tion, Am	<u>sta</u>	legisla	tor
Bemis & Rossignal, LLC	454	Main S	st. Proj	we lsle	Legal F	Issistant
				e o Assembly Andrews 1		
		IVED FROM S s who are self		YMENT		
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	iness, if ar rship, firm,	ny, and list the professional a	e major areas association, o	s of eco r similar	nomic activity business ent	from which you ity, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)			A (partnership, a:	as of Economic ctivity ssociation or similar ess entity)	
Name: Address:				÷		
Name: Address:	•	Se NV SERVICE COL	e medieuseer gans voor en ook e		A COMMITTEE OF A SECTION AND A SECTION OF A SECTION ASSECTION ASSE	,
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PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	(MENT \$ )
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the pathe entity or person from whom the income was derived.	derived such income. If this form of the rincipal type of economic activity of the rincipal type of the rincipal type of economic activity of the rincipal type of the rincipal t
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of you	AND AND THE PROPERTY OF STREET, AND THE PROPERTY OF THE PROPER
Name and Address of Firm Major Areas of Pra (self)	ctice Major Areas of Practice (firm)
Name:	
Address:	
Name:	
Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the box.
☑ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name.	
Address:	
Name:	
Address:	·
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	reporting period, and list the major
☑ None	
Name and Address of Créditor	Principal Type of Economic Activity of Creditor
Name:	
Address: .	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	than \$300 from a single source. If
None	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Source of Gift Name of 3.	Source of Gift
2.	unia parte sentra punta a pera sa se se se sen un sensa coma sentimenta el securio. E

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List the source of any honoraria accepted for appearances or speeches re	elated to	our o	fficial duties. If none, check	the box.
None			entition to the different advancement of the control of the contro	V. 1. (1. (1. (1. (1. (1. (1. (1. (1. (1.
Name of Source of Honoraria	Commence -	أبدية والمساد	Name of Source of Honorar	a ·
1. 3.				
2. 4.			And a server to the server to	
DADI 9 PERDECENTATION DES				
PART 8. REPRESENTATION BEF  List each executive branch agency before which you represented or ass the box.				unt. If none, check
None	ELMA.A.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	The state of the s	
Name of Agency	44		Name of Agency	
1. 3.	<u> </u>	- Andrews	Manie of Agency	The state of the s
2. 4.				
DADT 0. DEICHIECO WITH I				
PART 9. BUSINESS WITH S  List each executive branch agency to which you or a member of your imm				The state of the s
\$1,000 during the reporting period. If none, check the box.	redicte ra	illiny 3	old goods or services with a	value in excess of
None			100°-224 henry	į .
Name of Agency			Name of Agency	
1. 3.				
2. 4.				TORTONIA AMARIANA MARIANA MARI
PART 10. INCOME RECEIVED BY MEME	BERS O	= IMN	EDIATE FAMILY	
List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do	\$1,000 o	r more	received by your spouge	or dependent child eived by spouse or
"D" for income received by dependents.				the state of the s
"D" for income received by dependents.  Type of Economic Activity Representing Source of Income Received		priate	Kind of Inc	ome
Type of Economic Activity Representing Source of Income Received	Cir appro	priate		
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Type of Economic Activity Representing Source of Income Received  1.   name (Underwriter)	Cir appro [et	priate er D		
Type of Economic Activity Representing Source of Income Received  1. Insurance (Underwriter)  2. Matual Fund	Cili appro lett	priate er D D	Employmen	
Type of Economic Activity Representing Source of Income Received  1. Insurance (Underwriter)  2. Mathal Fund  3.	S S	priate er D D D	Employmen	
Type of Economic Activity Representing Source of Income Received  1. Insurance (Underworter)  2. Mathal Fund  3.  4.	Cilir appro lett	priate er D D D	Employment Capital gain	
Type of Economic Activity Representing Source of Income Received  1. Inquance (Underwriter)  2. Matual Fund  3.  4.  SIGNATURE  A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the Company of the company	S S S S S S S S S S S S S S S S S S S	D D D of \$1	Employment Capital gain	the report is filed.
1. Inquance (Underwriter)  2. Mathal Fund  3.  4.  SIGNATURE  A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the Cowillfully filed a false statement, it shall refer its findings of fact to the Atto If the Commission determines that a Legislator has willfully failed to file a the Legislator shall be presumed to have a conflict of interest on every statement is a class to the extension of the commission determines that a Legislator has willfully failed to file a the Legislator shall be presumed to have a conflict of interest on every statement.	S S S S o a fine commission of the commission of	D D D of \$1	Employment Capital gain  O per business day until  acludes that it appears that ement or has willfully filed	the report is filed.  at a Legislator has a false statement,
Type of Economic Activity Representing Source of Income Received  1.   Name (Underwriter)  2.   Mathal Fund  3.    4.   SIGNATURE  A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the Cowillfully filed a false statement, it shall refer its findings of fact to the Attool If the Commission determines that a Legislator has willfully failed to file at the Legislator shall be presumed to have a conflict of interest on every question in committee or in either branch of the Legislature, and shall shall refer its findings of fact to the Attool Interest on the Legislature, and shall shall refer its findings of the Legislature, and shall shall refer its findings of the Legislature, and shall shall refer its findings of the Legislature, and shall shall refer its findings of the Legislature, and shall refer its findings of the Legislature.	S S S S o a fine commission of the commission of	D D D of \$1	Employment Capital gain  O per business day until  acludes that it appears that ement or has willfully filed	the report is filed.  at a Legislator has a false statement,

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